SAO 440 (Rev. 8/01) Summons in a Civil Action

RETURN OF SERVICE

Service of the Summons and complaint was made by me[(1)]	DATE September 9, 2005
NAME OF SERVER *(PRINT)* Kellie Ann Fisher	TITLE Paralegal

Check one box below to indicate appropriate method of service

☐ Served personally upon the defendant. Place where served:

☐ Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.

Name of person with whom the summons and complaint were left:

☐ Returned unerecuted:

☒ Other (specify): Certified mail return receipt requested addressed to Glen T. Tsuma, registered agent for service.

STATEMENT OF SERVICE FEES

TRAVEL	SERVICES	TOTAL $0.00

DECLARATION OF *SERVER*

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on 9/9/05 *Date* Kellie Ann Fisher *Signature of Server*

Rhoads and Sinon, LLP One South Market Square, 12th floor, Harrisburg, PA 17108-1146

Address of Server

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

California First Leasing Corp
c/o Glen T Tsuma
18201 Von Karman Avenue
Suite 800
Irvine CA 92612

COMPLETE THIS SECTION ON DELIVERY

A. Signature X Roger Hodson ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) C. Date of Delivery

D. Is delivery address different from item 1? If YES, enter delivery address below:

UNIT 120 SEP 12 2005

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)*

2. Article Number *(Transfer from service label)* 7004 2890 0004 1232 1339

PS Form 3811, February 2004 Domestic Return Receipt

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com®

OFFICIAL USE

Postage	$ 3.85
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 7.90

Postmark Here

7004 2890 0004 1232 1339

Sent To Glen T. Tsuma
Street, Apt. No.; or PO Box No. 18201 Von Karman Avenue
City, State, ZIP+4 Irvine, VA 92612